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FLORIDA LIMITED LIABILITY CO. SPECIAL BEHAVIORAL CARE LLC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	IÇI	EI:	- Na	me:

The name of the Limited Liability Company is:

## SPECIAL BEHAVIORAL CARE LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

#### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:	
274 NW 133RD CT	274 NW 133RD CT	
MIAMI FL 33182	MIAMI FL 33182	
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### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

DIAZ ALONSO	), ANABE	L		
Nam	c	. ',		
274 NW 13	3RD CT			
Florida street address (P.O. Box NOT acceptable)				
MIAMI	FL	33182		
City		Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 603, F.S..

Anabel Olaz Alorso (Oct 22, 2024 35-45 EUT)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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•		,
	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
	"MGR" = Manager	
	AMBR	DIAZ ALONSO, ANABEL
		274 NW 133RD CT
		MIAMI FL 33182
		<del></del>
,		
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* ,	<b>1.</b>	
	(Use attachment if necessary)	2.4
ARTIC	CLE V: Effective date, if other than the	he date of filing: (OPTIONAL)
Mote: the doc	te of filing.)	t be specific and cannot be more than five business days prior to or 90 days after so not meet the applicable statutory filing requirements, this date will not be listed rement of State's records.
AKII		<u> </u>
	REQUIRED SIGNATURE:	
	Ausher Disc Minus (Oct 22	
	Signature of This document is I am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. hy false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.
	Signature of This document is I am aware that ar	of a member or an authorized representative of a member. executed in accordance with section 605.0203 (1) (b), Florida Statutes. ny false information submitted in a document to the Department of State